

STATEMENT OF LIVING ARRANGEMENTS, IN-KIND SUPPORT, AND MAINTENANCE

Print in ink.

| | |
|---|------------------------------------|
| Applicant's name (print first name, middle initial, last name) | Applicant's social security number |
| Spouse's name (print if spouse is applying or receiving benefits) | Spouse's social security number |

PART I

A. Check the blocks which best describe your living arrangements.

| | | |
|---|--------------------------------------|--|
| 1. I live (with): | <input type="checkbox"/> Alone | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Minor child(ren) | <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Other (specify) _____ |
| 2. I live in a: | <input type="checkbox"/> House | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Room (private home) | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Room (commercial establishment) |
| <input type="checkbox"/> Other (specify) _____ | | |
| 3. Total number of people in household (including yourself) | _____ | |

B. Check "Yes" or "No" to the questions below.

| | | |
|--|------------------------------|-----------------------------|
| 1. Do you (and/or your spouse) own or are you buying the home you live in? <i>If "Yes," go to question C.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you (and/or your spouse) rent the place where you live? <i>If "Yes," go to question 4.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does anyone who lives with you (other than your spouse) rent or are they buying the place where you live? <i>If "No," go to question C.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you or anyone you live with related to the landlord (landlord's spouse or person purchasing the house)? <i>If "Yes," indicate relationship.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If you answered "Yes" to 2 or 3, provide the following information: | | |

Landlord's or buyer's name

Landlord's or buyer's address

City

State

ZIP code

Landlord's or buyer's telephone number

Date rental agreement or purchase began (month/year)

Monthly rental or mortgage payment amount

C. Does any agency, organization, or anyone who does not live with you pay, or help you pay, for any of the following items: food, rent, home mortgage payments, property insurance, real property taxes, heating fuel, gas, electricity, garbage, water, and/or sewer bills?

☐ Yes ☐ No

If "yes," please provide the following information about each item you receive; then go to question D.

| ITEM | CONTRIBUTOR'S NAME, ADDRESS, AND TELEPHONE NUMBER | | | Frequency of Payment | In Cash | In-Kind | Dollar Value |
|------|---|---------|------------------|----------------------|---------|---------|--------------|
| | Name | Address | Telephone Number | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

D. If you live with others, do all the other household members receive some type of public payment based on need (e.g., AFDC, SSI, VA)? ☐ Yes ☐ No

If "Yes," indicate below which agency. If "No," go to Part II.

Agency name _____

PART II

Complete Part II if you live with at least one person other than, or in addition to, your spouse or minor child(ren).

A. What is the monthly amount of the following household cash expenses:

| | | | |
|---------------------|----------|-------------|----------|
| Food | \$ _____ | Electricity | \$ _____ |
| Mortgage or rent | _____ | Gas | _____ |
| Property insurance | _____ | Water | _____ |
| Real property taxes | _____ | Sewer | _____ |
| Heating fuel | _____ | Garbage | _____ |
| | | TOTAL | \$ _____ |

B. How much is your cash contribution per month toward the household expenses listed in item A?

\$ _____

C. If you or your spouse own or rent, show the total monthly cash contributions from others with whom you live.

\$ _____

SIGNATURES

Your signature (first name, middle initial, last name) (Sign in ink.)

Date (month, day, year)

SIGN
HERE ➤

Spouse's signature if spouse is applying (first name, middle initial, last name) (Sign in ink.)

Daytime telephone number

SIGN
HERE ➤

Mailing address (number and street, apartment number, P.O. Box, or rural route)

City

State

ZIP code

County

PART III—FOR COUNTY USE ONLY—(To compute rebut calculation for PMV ISM)

| | |
|--|----------|
| 1. Total shelter expenses | \$ _____ |
| 2. Total number of household members | _____ |
| 3. Pro rata share of household expenses per person (divide 1 by 2) | _____ |
| 4. Pro rata share per person multiplied by number of applicants | _____ |
| 5. Subtract applicants contribution | _____ |
| 6. Actual PMV ISM | \$ _____ |
| 7. Allocated amount of PMV ISM (from Pickle Handbook) | _____ |
| 8. If line 6 exceeds line 7, line 7 is not rebutable | _____ |